

BEST AVAILABLE COPIE

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09802719	FILING DATE 03-13-01
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							
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43	1							
44	1							
45	1							
46	1							
47	1							
48								
49								
50								
TOTAL IND.	3							
TOTAL DEP.	44	←	↓		←	↓	←	
TOTAL CLAIMS	47	████████	████████	████████	████████	████████	████████	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS